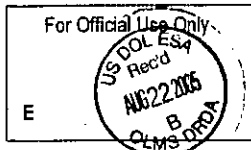


FORM LM-30
**LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12825</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Thomas W Shepe</u> P.O. Box, Bldg., Room No., if any <u>Rm 502</u> Street <u>300 S Ashland Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	4. Name, file number, and address of labor organization. Name <u>Local Union 703 IBFT</u> Labor Organization File Number <u>022671</u> P.O. Box, Building and Room Number, if any <u>Rm 502</u> Street <u>300 S Ashland Ave</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607 4</u>
5. Position in labor organization. <u>Secretary Trepsunen</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/12/05</u> <u>(312) 738-1350</u> Date Telephone Number

Name of Person Filing Thomas W. Stiene	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Legacy Professionals LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 4200 Street 30 N LaSalle Street City Chicago State IL ZIP Code + 4 60601	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 <div style="text-align: center; margin-top: 20px;">see attachment P₃ 1</div>	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> C.P.A. For Benefit Trust Funds AND Local 703 </div> 11.b. Approximate dollar value of such dealing. see attachments P₃ 2 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; margin-top: 5px;"> see attachments P₃ 2 </div> 12.b. Amount. see attachments P₃ 2

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div> 14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
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Name of Person Filing <u>Thomas V Stiene</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Mesinow Asset Management</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>321 N Clark Street</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60610</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 <div style="font-size: 1.2em; margin-top: 20px;">(see attachments p 1)</div>	11.a. Nature of such dealing. <u>Provides Asset Management to Pension and Severance Funds</u> 11.b. Approximate dollar value of such dealing. <u>74862.00</u> 12.a. Nature of interest held or income received. <u>Dinner meeting and Chicago Bulls game while discussing performance, fees, and future strategies to maximize performance 1/13/04</u> 12.b. Amount. <u>175.00</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 <div style="margin-top: 20px;"> <input type="checkbox"/> 13.b. Is the Business an Employer or Consultant <input type="checkbox"/> ? </div>	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>
14.b. Amount of payment.	

Name of Person Filing <u>Thomas W Strube</u>		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Enhanced Investment Technologies LLC</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 700</u></p> <p>Street <u>4061 Powder Mill Rd.</u></p> <p>City <u>Calverton</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>20705</u></p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Chicago Area TBofT Pension Trust Fund</u></p> <p>Trade Name, if any: <u>Rm 502</u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>300 S Ashland Ave</u></p> <p>City <u>Chicago</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60607</u></p>		<p>11.a. Nature of such dealing.</p> <p><u>Provides Asset management to Pension Fund</u></p> <p>11.b. Approximate dollar value of such dealing. <u>73564.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Dinner meeting with company representatives to discuss performance, fees, and product 1/21/04</u></p> <p>12.b. Amount. <u>60.00</u></p>

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CONEMANK INC.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9801 E. SHEA BLVD.City SCOTTSDALEState AZ ZIP Code + 4 85251

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CHICAGO AREA IBEW HEALTH WELFARE FUNDTrade Name, if any: Rm 502P.O. Box, Bldg., Room No., if any Street 300 S Ashland AveCity CHICAGOState IL ZIP Code + 4 60607

11.a. Nature of such dealing.

Health & Welfare Fund
P.B.M.

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

Dinner meeting with company
representatives to discuss programs,
fees, and ways to reduce costs
2/24/04

12.b. Amount.

7000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Thomas W Steele

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SEE Attachments Pg 1

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEE Attachments Pg 3

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trust Funds provide pension, welfare, and severance benefits to Union employees covered under Collective Bargaining Agreements requiring contributions to the Benefit Trust Funds

11.b. Approximate dollar value of such dealing. SEE Attachments Pg 3

12.a. Nature of interest held or income received.

SEE Attachments Pg 3

12.b. Amount. SEE Attachments Pg 3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Dowd & Hark Burnett

Trade Name, if any: 19th Floor

P.O. Box, Bldg., Room No., if any

Street 8 S Michigan

City Chicago

State IL ZIP Code + 4 60603

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEE ATTACHMENTS Pg 1

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides legal service to the Union and Funds

11.b. Approximate dollar value of such dealing. SEE ATTACHMENT Pg 4

12.a. Nature of interest held or income received.

Adding SIF receivers approx. Dec 20th 2004 of population

12.b. Amount.

27.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Thomas W Stiene

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Manco Consulting Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 9th Floor

Street 550 W WASHINGTON BLVD.

City Chicago

State IL ZIP Code + 4 60601

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SEE ATTACHMENTS Pg 1

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides investment consulting services to Pension, SEVERANCE and Health and Welfare Funds

11.b. Approximate dollar value of such dealing.

\$1095

12.a. Nature of interest held or income received.

Client Golf outings and meetings regarding services 6/9/04
Golf at annual conference on off day 1/31/04

12.b. Amount.

250.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name
National Investment Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any
Suite 1520

Street
737 N Michigan Avenue

City
Chicago

State
IL
ZIP Code + 4
60611

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
see attachments Pg 1

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State
ZIP Code + 4

11.a. Nature of such dealing.

Fixed Income Managem for Pension Health and Welfare, and SEVERANCE FUNDS

11.b. Approximate dollar value of such dealing.
137,446

12.a. Nature of interest held or income received.

see attachments Pg 5

12.b. Amount.
see attachments Pg 5

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

Thomas W Stiene

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any: Rm 3800

P.O. Box, Bldg., Room No., if any

Street 180 N LaSalle

City Chicago

State IL ZIP Code + 4 60601

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Chicago Area IBFT Pension Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Rm 502

Street 300 S Ashland Ave

City Chicago

State IL ZIP Code + 4 60607

11.a. Nature of such dealing.

Mio/Cop Equity managem Pon Pension Fund

11.b. Approximate dollar value of such dealing.

76040

12.a. Nature of interest held or income received.

Attendance at client roof-top baseball game. 7/2/04

12.b. Amount.

100⁰⁰ approx.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Thomas W. Stiene</u>	File Number U- _____
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
8. Name and address of Business (including trade name, if any). Name <u>BlueCross Blue Shield</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>300 East Randolph</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60601</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Chicago Area IBFT Health & Welfare Fund</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: <u>Rm 502</u> Street <u>300 S. ASHLAND AVE</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60607</u>	11.a. Nature of such dealing. <u>Administrative Services Only Agreement with the Health & Welfare Fund</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>\$1,262,103</u> 12.a. Nature of interest held or income received. <u>see attachments Pg 6</u> <hr/> 12.b. Amount. <u>see attachments Pg 6</u>

Name of Person Filing Thomas W Steele

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Messinow Asset Management Inc.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 321 N Clark StreetCity ChicagoState IL ZIP Code + 4 60610

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Chicago MSA IBFT Benefit Trust FundsTrade Name, if any: P.O. Box, Bldg., Room No., if any Rm 502Street 300 S Ashland AveCity ChicagoState IL ZIP Code + 4 60607

(see attachments Pg 1)

11.a. Nature of such dealing.

Provides asset management to the
PENSION AND SEVERANCE FUNDS

11.b. Approximate dollar value of such dealing.

74862

12.a. Nature of interest held or income received.

Lunch meeting sdt following to
discuss and to get education regarding
Hedge Fund products with company
representative 8/20/04

12.b. Amount.

12000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Thomas W Steege

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ABN AMRO Asset Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 161 N Clark St.

City Chicago

State IL ZIP Code + 4 60601

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Chicago Area ABFT Severance Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Rm 502

Street 300 S Ashland Ave

City Chicago

State IL ZIP Code + 4 60607

11.a. Nature of such dealing.

MANAGES GUARANTEED INVESTMENT CONTRACTS FOR SEVERANCE FUND

11.b. Approximate dollar value of such dealing.

37907

12.a. Nature of interest held or income received.

Client golf outing and lunch to discuss strategies and future returns 8/24/05

12.b. Amount.

70.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>Thomas W Stiede</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>ASB Capital Management</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>42 Lehigh Dr</u></p> <p>City <u>Lemont</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60439</u></p>	<p>14.a. Nature of payment.</p> <p><u>Dinner with company representative to discuss products and historical returns approx. 8/9/04</u></p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u>96⁰⁰</u></p>

Name of Person Filing Thomas W Stene

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Golobang Wismanow ConioTrade Name, if any: P.O. Box, Bldg., Room No., if any Street One East Wacker DriveCity ChicagoState IL ZIP Code + 4 60601

14.a. Nature of payment.

Meeting with Company representative to discuss compliance issues with Workers Compensation and problems being created by employers false claims and remedies to combat those practices 3/5/04

14.b. Amount of payment.

800013.b. Is the Business an Employer ☒ or Consultant ☐ ?

Name of Person Filing <u>Thomas W. Stiege</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 11.b. Approximate dollar value of such dealing. <input style="width: 100px;" type="text"/> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12.b. Amount. <input style="width: 100px;" type="text"/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>Boudreau & Beal P.C.</u> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <u>33 N Dearborn</u> City <u>Chicago</u> State <u>IL</u> ZIP Code + 4 <u>60602 4</u>	14.a. Nature of payment. <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>General Golf Outing for numerous labor organizations to discuss common problems and solutions regarding workers compensation issues and our members 9/14/04</p> </div> 14.b. Amount of payment. <u>120.00</u>
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	

10) Chicago Area I.B.ofT. Benefit Trust Funds

Local 703 I.B.ofT. negotiates Collective Bargaining Agreements providing for Employer contributions to following 3 Benefit Trust Funds:

- 1)Chicago Area I.BofT.Pension Trust Fund
- 2)Chicago Area I.B.ofT.Health & Welfare Trust Fund
- 3)Chicago Area I.B.ofT.Severance and Retirement Fund

The funds share boards of trustees, employees, facilities and equipment and have costs allocated among them and the union by the independent C.P.A firm of Legacy Professionals L.L.P.

12a) Dinner Meeting to discuss up coming audit 1/15/04	12b) \$110.00
Meeting/Golf/Dinner discussing the affairs of the Trust Funds 4/23/04	\$238.23
Meeting/Golf/Dinner discussing general Trust Fund issues 5/28/04	\$219.49
Cubs Ticket 8/13/04	\$50.00
Meeting/Golf/Dinner discussing general Trust Fund issues 8/13/04	\$167.78
Full Board of Trustees fund audit meeting golf and food provided after meeting 7/16/04	\$258.03
Meeting/Golf with other trustees to share ideas and information regarding Trust Funds 10/04/04	\$97.63

10) Chicago Area I.B. of T. Benefit Trust Funds receive contributions from approximately 110 employers that are covered by Collective Bargaining Agreements

11b) Total Employer contributions from 1/1/04 to 12/31/04 in the following amounts:

Pension	approx. \$6,121,500.00
Health & Welfare	approx \$11,588,350.00
Severance	approx \$ 4,523,000.00

12a) Attendance at the Annual Marco Consulting Group client conference regarding strategies on improving investment returns for the Benefit Trust Funds
1/30/04 thru 2/4/04

12b) \$1,610.00

12a) Parking expenses while attending monthly meetings of the Board of Trustees
1/01/04 thru 12/31/04

12b) \$90.00

11b) Union Legal Fees	\$32,191.00
Pension Legal Fees	\$80,199.00
Health & Welfare Legal Fees	\$18,083.00
Severance Legal Fees	\$16,814.00

12a) Attendance at investment seminar lodging/food/golf 3/23/04 thru 3/26/04	12b)\$850.00
Meeting to discuss general business regarding Trust Funds (i.e. performance strategies overall market) golf/dinner 4/26/04	\$150.00
Meeting with other leaders to exchange ideas regarding Trust Funds Lunch/Golf 5/21/04	\$110.00
Dinner with company representative to discuss account and performance 5/27/04	\$75.00
Meeting regarding high yield component of portfolio and education/Golf 6/24/04	\$85.00
Attendance at investment seminar lodging/food/golf 7/26/04 7/27/04	\$350.00

12a) Client Seminar/Lunch/Dinner/Golf 8/20/04	12)b \$285.00
Dinner with company representatives 5/17/04	\$132.00
St Patrick's Day client luncheon 3/12/04	\$ 25.00
Holiday client luncheon 12/3/04	\$38.00